

COMMONWEALTH OF KENTUCKY  
CABINET FOR FAMILIES AND CHILDREN  
DEPARTMENT FOR COMMUNITY BASED SERVICESFor Office Use Only  
Adoptive Family DSS#  
Adoptive Family County/State  
Child Birth Name

## ADOPTIVE PLACEMENT AGREEMENT

We, (Name of adoptive Parents) , accept the child known to us as for adoptive placement into our family on this day of . We have received a copy of the Presentation Summary and attachments including the Medical Passport on the child and understand its contents. We accept this child as our own with a full understanding of his/her needs and special problems. We further understand that we are accepting parental responsibility for this child and are committed to him/her from this day forward but that legal custody of the child will remain with the Cabinet for Families and Children until the time of legal adoption. We understand as actual custodians of this child, we may request a fair hearing on behalf of this child if there is dissatisfaction with services received.

Now, therefore, it is hereby and herewith mutually agreed by and between the parties hereto as follows:

1. We, the Adoptive Parents, agree
  - a) To assume complete responsibility for the normal day to day care of the child being placed with us.
  - b) To cooperate with the Cabinet and keep the social worker aware of adjustment problems.
  - c) To accept family counseling from the assigned social worker and/or other family counseling agencies as recommended to assist with adjustment problems.
  - d) To participate in the scheduled treatment planning conferences regarding . The next conference is due (Month/Year) . A conference will be held each 6 months thereafter until the adoption is finalized.
  - e) To continue regular visitation and/or contact with the following designated siblings and relatives (when applicable).
  - f) To understand that in accepting the child known to us as we are accepting one of a sibling group and that should disruption of the placement become the plan, we will not attempt to separate the siblings by requesting to keep the child known to us as (when applicable).
  - g) To notify the Cabinet of any change of address including any plan to move to another state.
  - h) If the child is determined by the Cabinet to be Special-Needs, to negotiate an adoption subsidy prior to finalization of the adoption.
  - i) To legally finalize the adoption within six (6) months after it is recommended by the adoption worker.
  - j) To provide ongoing care for the child until placement in another adoptive home is made, should disruption become the plan, unless another plan is requested by the Cabinet.
  - k) We understand that the Cabinet for Families and Children of the Commonwealth of Kentucky at any time during or at the end of the post-placement period shall have the full right to remove the child from our home, if in the total discretion of the Cabinet it is determined that adoption by us would not be in the best interest of the child.
2. We, the Cabinet, agree
  - a) To provide counseling and supportive services to the prospective adoptive family and child.
  - b) To assist the prospective adoptive parents in arranging specialized services for the child (special education, psychological services, etc.).
  - c) If the child is determined by the Cabinet to be Special Needs, to negotiate an adoption subsidy prior to finalization of the adoption.
  - d) To notify the adoptive family of the date, time and place of each treatment planning conference
  - e) To provide necessary legal documents at the appropriate time and process the report to the court in a timely fashion.

The above stated conditions are accepted by the Prospective Adoptive Parents and the Kentucky Cabinet for Families and Children.

## CABINET FOR FAMILIES AND CHILDREN

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Social Worker (Child's Worker)

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Date

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Adoptive Parent

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Date

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Social Worker (Adoptive Family's Worker)

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Date

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Adoptive Parent

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Date